

May 4, 2007

Commission's Secretary  
Office of the Secretary  
Federal Communications Commission  
9300 East Hampton Drive  
Capital Heights, MD 20743

WC Docket No. 02-60

Dear Proposal Review Committee:

OneCommunity is pleased to submit this proposal to the Federal Communication Commission for the Rural Health Care Pilot Program. We believe that OneCommunity's history and experience will support the Federal Communication Commission as it plans on facilitating the creation of a nationwide broadband network dedicated to health care, connecting public and private non-profit health care providers in rural and urban locations

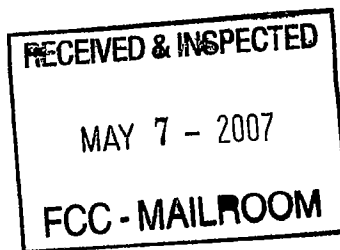
OneCommunity proposes the creation of HealthNet, a Northeast Ohio Broadband initiative, in support of the Telemedicine and Health Information Exchange (HIE). OneCommunity has an existing broadband network, a significant healthcare technology coordination role and an established partner network that includes the Northeast Ohio Regional Health Organization (NEO RHIO), regional urban and rural healthcare providers, and a consortium of vendors, technology researchers and government advisers.

Again, it is our pleasure to submit this proposal for this dynamic project. If you should have any questions please call us at the number below. Please note that we have submitted our proposal electronically and that this is a backup proposal in the case of electronic complications.

Sincerely,

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**NEO RHIO and OneCommunity HealthNet Partnership  
FCC Rural Health Care Pilot Program  
Fiscal Year 2006**

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Sincerely,

Mark Ansboury  
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**NEO  
RHIO**



**onecommunity**

connecting > enabling > transforming

**NEO RHIO and OneCommunity  
HealthNet Partnership  
FCC Rural Health Care Pilot Program  
Fiscal Year 2006**

**WC Docket No. 02-60  
May 5, 2007**

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**NEO RHIO and OneCommunity HealthNet Partnership  
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# **NEO RHIO and OneCommunity HealthNet Partnership FCC Rural Health Care Pilot Program**

## **I. Introduction**

OneCommunity and its Northeast Ohio regional partners propose the creation of HealthNet, a Northeast Ohio Broadband initiative, in support of the Telemedicine and Health Information Exchange (HIE).

OneCommunity and its community partners have invested millions over the last three years to connect education, healthcare, government and non-profit organizations together through fiber and wireless broadband facilities. It now connects over three hundred (300) sites across Northeast Ohio including twenty-eight (28) hospitals and healthcare facilities. This investment has served as a catalyst for collaboration amongst health, education and government and the creation of the Northeast Ohio Regional Health Information Organization (NEO RHIO). Additional investment from our economic development community and the State of Ohio has enabled access to Ohio's Broadband Network and provided national access to Internet 2 (I2) and the National Lambda Rail (NLR).

We would like the FCC to consider the future where;

- broadband is universally available across the rural and urban communities and quality healthcare is available not only in the hospital but to every citizen at their clinic, doctors office or in the comfort of their home;
- access to medical information is immediate and in real-time and used by doctors to improve the quality of the care for their patients ;
- wellness education is enabled by broadband and is part of prevention and disease management;
- patients can be universally monitored and connected to their care givers wherever they are at in a convenient and private fashion and;
- underserved healthcare community has access to the same quality of health services that are readily available in our major urban hospitals.

This is the vision that OneCommunity and Northeast Ohio Regional Health Organization (NEO RHIO) are investing in for Northeast Ohio. OneCommunity has an existing broadband network, a significant healthcare technology coordination role and an established partner network that includes the rapidly growing NEO RHIO, regional urban and rural healthcare providers, and a consortium of vendors, technology researchers and government advisers. OneCommunity and NEO RHIOs creation of HealthNet is made of fiber optic cable, wireless and high quality switching devices that can connect medical facilities. Currently, data from each of the facilities is aggregated for a number of telemedicine applications and record storage in Northeast Ohio.

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With the help of the FCC Rural Health Care Pilot (RHCP) Grant, HealthNet Services will be extended into over twenty-two (22) counties covering the rural communities' needs in Northeast Ohio. With this help OneCommunity and NEO RHIO will be able to gather additional community investment in the development of our regions health, education and workforce development making the rural healthcare initiative a viable and long-term sustainable business model. We encourage the FCC to share our vision of the future and provide the catalyst needed to ensure the deployment of a viable rural community health network.

***Why OneCommunity, NEO RHIO and HealthNet?***

OneCommunity in three years has successfully developed a collaborative community environment and gathered the resources necessary to implement a proven community broadband network. We have developed the capacity to engage the community and our healthcare and broadband networking partners in a meaningful way for economic development and the proliferation of broadband services within our economically disadvantaged community. We have demonstrated the;

- ability as a neutral party to bring our communities competitive forces together to enhance and improve our broadband, education, healthcare and workforce;
- ability to attract significant community, state and vendor investment for the adoption and use of broadband technology as an economic development tool within Northeast Ohio;
- capability to develop and implement core infrastructure and interoperable interconnections with all the regions common carriers, state and national networks such as Internet 2 and National Lambda Rail;
- capability to collaborate with a competitive healthcare community to develop a regional Health Information Exchange (HIE) through NEO RHIO and;
- sustainability necessary to ensure the success of expanding OneCommunity's core network into the rural communities of Northeast Ohio for the NEO RHIO HealthNet project.

**II. Description of NEO RHIO**

NEO RHIO with its ten (10) founding medical partners representing thirty-two (32) facilities, twenty-eight (28) of which are connected, stands ready to extend the network and its cost-saving telemedicine, research and patient information to nineteen (19) additional medical facilities in areas designated as rural. Some of these institutions are in rural areas as designated by the Executive Office of the President and the Federal Office of Management and Budget. This unique geographic and hierarchal structure insures the FCC's requirement for applicants to connect urban with rural *and* increase the rural partners to access medical data through multiple

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connections. An additional strength of NEO RHIO's position is that OneCommunity's broadband technology, design, and implementation has already been tested and is widely used by healthcare and other industries that require the same connectivity and security, namely government, public safety and education. OneCommunity and NEO RHIO are recognized globally (see Appendix A) for the successful implementation of a broadband grid among leading technology application concerns. This reputation and tested design make HealthNet a prime option to meet the FCC's financial, connectivity and rural access goals in this Pilot opportunity and to create a sustainable Ohio HealthNet infrastructure.

### **III. Goals and Objectives of the Proposed Network**

The goal of HealthNet is to extend the current network and install additional gigabyte optical fiber connections to hospitals and government health agencies in the rural areas of Northeastern Ohio. In order to provide the levels of broadband that are required for Health information Exchange (HIE) and telemedicine applications, the kinds of services that are routinely available in rural areas are not sufficient. Typically, rural areas may have access to T1 circuits (1.5 Mbps), but generally these service by extremely expensive and there are typically no services faster than T1 available at an affordable and sustainable price. In order to satisfactorily transmit and receive medical imaging, and to improve the quality of medical care that can be provided, speeds in a different order of magnitude are required. NEO RHIO HealthNet will provide 100 Mbps of bandwidth, upstream and downstream, to all locations connected via wireless, and will provide 1 gigabit of bandwidth, upstream and downstream, to all locations connected via fiber. In our proposed network design, over 80% of the locations included in our proposal will have the benefit of at least 1 gigabit.

Specific objectives of the proposal include:

- connecting nineteen (19) rural hospitals located in the Northeast Ohio rural health region over a dedicated broadband network;
- extending the OneCommunity/NEO RHIO broadband services to rural providers;
- providing the connecting framework for a regional repository that employs secure telehealth applications for chronic disease monitoring and continuing education services; and
- implementing sustainable enterprise solutions using HIT for eligible providers in rural and underserved counties. This network is expected to improve the quality and reduce the cost of health care.

In addition to the objectives listed above, the NEO RHIO Health Initiative is designed to offer the following medical delivery and data access benefits:

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- **Better patient care** via comprehensive "real time" medical information delivered electronically to the point of care, including medication management, ePrescribing, laboratory results, radiology images, as well as in-patient and out-patient care tracking to improve the efficiency of clinical and administrative functions.
- **Foster regional collaborations** among health care entities so that a patient's information can be securely stored in the local community but is electronically accessible to those involved with providing their care in that community. A limited number of regional initiatives exist today, but they vary in the ways they approach data sharing and cannot communicate patient information outside their own system.
- **Faster patient registration and service** through the use technologies that help eliminate repetitious form completion and medical history compilation, as well as the processing of Health Savings Account (HSA), Flexible Spending Account (FSA) and health plan claims. Payer and provider administrators are also estimated to save five to ten percent of their administrative costs through the automation of previous manual and paper-based processes.
- **Support the acceleration and diffusion of clinical research** information into the hands of sponsors, researchers and the Food and Drug Administration, as well as the medical community at large. Research findings without adoption accomplish no public good; the discoveries must be translated into useful products and applications for physicians.
- **Consumer access to medical records** and additional patient-specific information that will allow patients to make more informed healthcare choices. Empowering patients nationwide to play a more active role in their healthcare requires supplying them with useful information. This added insight to their personal medical histories will allow them to make improved decisions.
- **Collaboration with Universities and medical institutions** to develop a platform for wellness and health management, generate an informed healthy community, and to train the next generation of healthcare workers and researchers.



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(HIE) will be required to pay membership fees for participation and pay for any construction and services fees associated with the delivery of HealthNet. NEO RHIO HIE Membership model is based on level of participation;

**Member Definitions**

*Individual Practitioner and Associations*

- Individual practitioners participating in the NEO RHIO network
- Associations representing institutions, payers and social services representing groups involved in healthcare services

*Healthcare Organizations*

- Groups of private practitioners, hospice and home care service organizations participating in the NEO RHIO network. A group consists of 7 participants or more.

*Insurer/Payer Organizations*

- Insurer/Payer organizations involved with group healthcare participating in the NEO RHIO Network

*Individual Hospitals*

- Independent hospitals not included in systems of three or more major hospitals and clinical service organizations

*Hospital Systems*

- Hospital and clinical service organizations that form a group of three or more major hospitals and a number of clinical service organizations

**Table 1 NEO RHIO Membership Fee Structure**

<b>Membership</b>	<b>Annual Fee Structure</b>
<b>Individual Practitioner and Associations</b>	<b>\$1,500</b>
<b>Healthcare Organizations</b>	<b>\$10,000</b>
<b>Insurers and Payors</b>	<b>\$50,000</b>
<b>Individual Hospitals</b>	<b>\$50,000</b>
<b>Hospital Systems</b>	<b>\$225,000</b>

**Membership Fee Structure**

The membership fees above were established by the NEO RHIO financial workgroup as a result of interviews with other vendors and a comparison to other RHO projects. They have been discussed broadly among NEO RHIO members and other organizations in the community and have been adopted by the founding members. In addition to a statement regarding the perceived value of actual HIE services, membership fees are also viewed as an investment in a commonly-owned enterprise that will have far-reaching mutual benefit.

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While these membership fees represent the major cost to “customers” (members) of the HIE over the first five years of implementation and operation, they will not cover total costs of operation. Instead these are discounted to reflect other revenue streams, to include state and private grants, contracts with public health agencies, and revenues derived from the Administrative Services. As the clinical information exchange performance becomes optimized over time, and as additional information services are added, members are expected to support an increasing fraction of overall costs as the system moves to independent sustainability. The cost per transaction will likely decrease over time, while total member-based revenues will increase, as the volume of transactions, the numbers of users increase.

**VI. Financial support and anticipated revenues that will pay for costs not covered by the fund**

OneCommunity and NEO RHIO are developing collaborative grants and funding programs to support the expansion of HIE for the rural and urban communities throughout Northeast Ohio. Central to the approach is that both urban and specifically rural hospitals are hearing a consistent message of how the quality of healthcare can be economically improved throughout the region.

- The U.S. Department of Agriculture USDA will offer \$128 million in loans and grants for telemedicine and distance learning in 2007
- Health and Human Services (HHS) National Health Information Network (NHIN) will offer \$28 million for support of the nations Regional Health Information Organizations (RHIOs)
- Ohio Health Department State Medicaid Program will offer between \$4 and \$10 million depending on Federal Matching for the 6 Ohio Regional Health Information Organizations. NEO RHIO is expected to receive between \$1 and \$4 Million in support of it's HIE activities to provide public health information reporting.
- Ohio Third Frontier (OTF) Fund has committed \$500 million towards research, innovation and high tech economic development. Has just created a new category for health information the total funding support for such activities has not yet been determined.

*Expected funds from major economic development organizations*

Northeastern Ohio is in the national top tier in philanthropy and supportive economic and business development. OneCommunity has established significant rapport, support and historical funding from these organizations. OneCommunity has received over \$2 million in cash and \$13 million in equipment and in-kind donations. Many of our current funding agencies are behind this project and envision significant momentum with future regional and national funding sources.

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OneCommunity and NEO RHIO anticipate the larger portion of its current funding opportunities to be focused on information rather than the community's infrastructure and have submitted a number of foundation grants in support of the regional and rural efforts. OneCommunity is currently working on a number of community grants and proposals for HealthNet and our Rural HIE/Telemedicine initiative. Table 2 outlines four initiatives under development along with the current FCC RHCP proposal.

**Table 2 HealthNet Funding Requests under Development**

Intended Purpose	Under Development	Requested	Pending	Awarded
Columbiana County Economic Development Grant		\$ 750,000		\$ 750,000
Community Support of OneCommunity/HealthNet		\$ 450,000	\$ 350,000	\$ 100,000
Telemedicine Network and Conference Equipment	\$ 1,500,000	\$ -	\$ -	
RHIO HIE Services and Last Mile Access	\$ 500,000	\$ -	\$ -	
Fiber and Equipment		\$ 500,000		\$ 500,000
Wireless Pilot Project		\$ 200,000		
Fiber - Economic Development Zones		\$ 250,000		\$ 250,000
<b>Total</b>	<b>\$ 2,000,000</b>	<b>\$ 2,150,000</b>	<b>\$ 350,000</b>	<b>\$ 1,600,000</b>

*Service Revenue*

OneCommunity currently has service contracts with over 50 organizations connecting in excess of 300 remote sites to the OneCommunity Regional Intranet. Of these organizations 28 of them are hospitals within our urban core in Akron, Canton, Cleveland, Parma, and Youngstown. These organizations currently pay for construction and service fees for there connection to the OneCommunity network.

The rural community hospitals and healthcare providers do not have the same financial wherewithal and technology capacity that their urban counterparts have. Federal, state, local and private grants will enable OneCommunity to develop a regional infrastructure that allows us to lower the cost for our rural healthcare consumers and still provide them with the same level of access for HIE/Telemedicine that their urban counterparts have. In addition the aggregation of these regional rural healthcare partners provides infrastructure needed to interconnect rural k-12 schools and colleges which will help further reduce the operational expense associated with managing and maintaining a regional network infrastructure. This approach will require our rural community healthcare partners to subscribe to annual operational fees to cover refresh, maintenance and repair services. However, this will be a capped cost and enable our rural community partners to have access to significantly greater broadband capacity for a more financially viable price.

Many agencies such as United Way have discussed using OneCommunity and the NEO RHIO as a lead agent for their developing of healthcare education and service programs. Several Federally Qualified Health Clinics and rural hospitals are exploring technology solutions in the